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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as Express Mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date: April 20, 2004

By:

Sandy Reisman
Sandy Reisman

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: DAVID B. LLOYD ET AL.

APPLICATION NO.: 10/032,711

FILED: OCTOBER 25, 2001

FOR: **ADAPTING A GAME STATE TO BE
COMPATIBLE WITH A NEW
VERSION OF A GAME**

EXAMINER: YVESTE G. CHERUBIN

ART UNIT: 3713

CONF. NO: 5399

Amendment in Response to Restriction Requirement

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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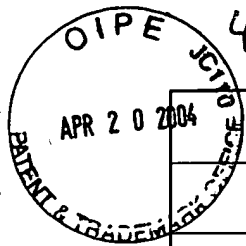
APR 23 2004

TECHNOLOGY CENTER 3700

Sir:

In response to the Office Action dated March 24, 2004, please amend the application as reflected in the following listing of claims.

<u>Section</u>	<u>Page</u>
Claims	2
Remarks	4



41

04-21-04

3713

AMENDMENT TRANSMITTAL LETTER				Docket No. 345008002US1	
Application No. 10/032,711		Filing Date October 25, 2001		Examiner Yveste G. Cherubin	
Art Unit 3713					
Applicant(s): David B. Lloyd et al.					
Invention: ADAPTING A GAME STATE TO BE COMPATIBLE WITH A NEW VERSION OF A GAME					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	4	- 31 =	0	x \$9.00	\$0.00
Independent Claims	3	- 11 =	0	x 43.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0665</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Steven D. Lawrenz Attorney Reg. No.: 97,376 PERKINS COIE LLP P.O. Box 1247 Seattle, Washington 98111-1247 (206) 359-8000				Dated: <u>April 20, 2004</u> RECEIVED APR 23 2004 TECHNOLOGY CENTER 3700	
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Dated: April <u>20</u> , 2004		Signature: <u>Gandy Reisman</u> (Gandy Reisman)			